

BMIT: CC
STATEMENT, AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
JAN 24 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:	22-0049
Date:	4-19-2022
Amount Paid:	\$175 SPC USE-14 (6TR) \$175 ATF 2-8-22 JLB
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: JOHN W FISHER		Mailing Address: 949 RIDGECREST ST.				City/State/Zip: RIVER FALLS, WI 54022				Telephone: 715 563 4748					
Address of Property: 45815 EAST CABLE LK RD.		City/State/Zip: CABLE, WI 54821								Cell Phone:					
Contractor:		Contractor Phone:				Plumber:				Plumber Phone:					
Authorized Agent: (Person Signing Application on behalf of Owner(s)) JACOB FISHER		Agent Phone: 715 563 4748				Agent Mailing Address (include City/State/Zip): 949 RIDGECREST ST. RIVER FALLS, WI 54022				Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID# 8450				Recorded Document: (Showing Ownership) 933 561					
E 2ND 9 1/4 W 138 1/4		Gov't Lot 1		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 6, Township 43 N, Range 7 W		Town of: Cable				Lot Size				Acreage 2					

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Vac Rental		Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure (if addition, alteration or business is being applied for)	Length: 68	Width: 43	Height: 26
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Other: (explain) SHORT TERM RENTAL	(X)	5400 sq. ft

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: JACOB FISHER Date: 1/19/22
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 949 RIDGECREST ST., RIVER FALLS, WI 54022

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

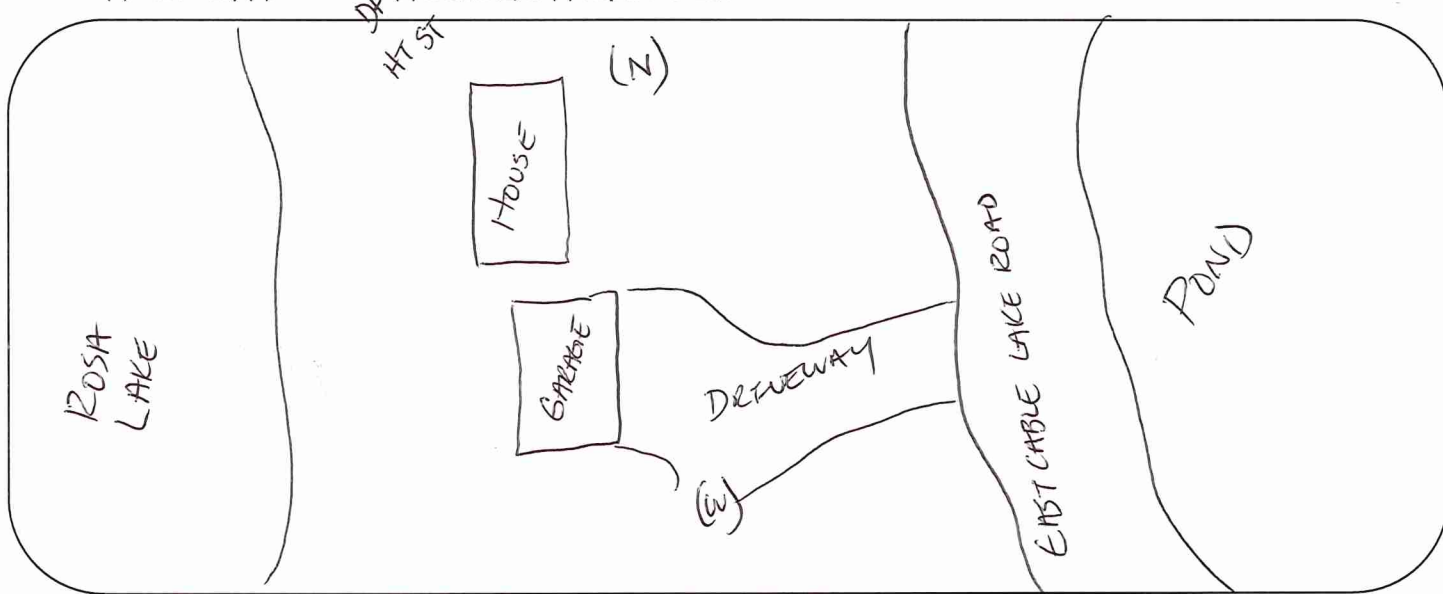
Original Application MUST be submitted

Original House Permit - See # 99-2103

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	55 Feet	Setback from the Lake (ordinary high-water mark)	79 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	1 Feet
Setback from the North Lot Line	79 Feet		
Setback from the South Lot Line	210 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	75 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	91 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	36 Feet	Setback to Well	10 Feet
Setback to Drain Field	35 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 327 214	# of bedrooms: 5	Sanitary Date: 4/26/99	
Permit Denied (Date):		Reason for Denial:			
Permit #: 22-0049		Permit Date: 4-19-2022			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:					Zoning District (R-1)
					Lakes Classification (3)
Date of Inspection: 2/8/22		Inspected by: [Signature]		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)					
- Maximum occupancy limited to 5 Bedroom/sleeping areas based upon septic design					
- Must contact Bayfield Cnty. Health for licensing					
- contact Town regarding Room Tax					
Signature of Inspector: [Signature]				Date of Approval: 2/25/22	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

ENTERED

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

Date Zoning Received: (Stamp Here)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

FEB 18 2022
Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner JOHN FISHER Contractor _____

Property Address 45815 EAST CABLE CR RD. Authorized Agent JACOB FISHER

Agent's Telephone 715 563 4748

Telephone 715 563 4748 Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request (specify only the property involved with this application)

_____ 1/4 of _____ 1/4, Section _____, Township _____ N., Range _____ W. Town of CABLE

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____

Volume _____ Page _____ of Deeds Tax I.D.# 8450 Acreage 2

Additional Legal Description: _____

Applicant: (State what you are asking for) Zoning District: _____ Lakes Classification: _____

PERMISSION TO RENT OUT THE CABIN AS A VACATION RENTAL, WE HAVE THE HEALTH DEPARTMENTS STAMP OF APPROVAL.

We, the Town Board, TOWN OF CABLE, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☐ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

Approval pending successful filing of short-term rental application and room tax permit, along with completion of all required inspections.

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman: Will Ay

Supervisor: Tom White

Supervisor: Donna Hout

Supervisor: Donna Hout

Clerk: Dallie J. McCauley

Date: 2/16/2022

Bayfield County, WI



2/10/2022, 8:15:52 AM

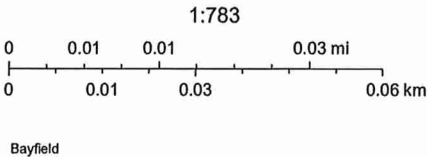
Building Footprint Outline 2009-2015

- Existing
- Rivers
- Lakes

- Meander Lines
- Approximate Parcel Boundary
- Section Lines

- Government Lot
- Municipal Boundary
- All Roads
- Town

- Survey Maps
- UnRecorded Map
- Driveways
- Buildings



Description		Updated: 2/10/2012
Tax ID:	8450	
PIN:	04-012-2-43-07-06-2 05-001-40000	
Legacy PIN:	012101505000	
Map ID:		
Municipality:	(012) TOWN OF CABLE	
STR:	S06 T43N R07W	
Description:	E 240' OF W 738' OF GOVT LOT 1 IN V.933 P.561 132E IM 2005R-503551 IM 2005R-503439	
Recorded Acres:	2.000	
Calculated Acres:	2.237	
Lottery Claims:	1	
First Dollar:	Yes	
Zoning:	(R-1) Residential-1	
ISN:	108	

Tax Districts		Updated: 3/15/2006
	STATE	
04	COUNTY	
012	TOWN OF CABLE	
041491	SCHL-DRUMMOND	
001700	TECHNICAL COLLEGE	

Recorded Documents		Updated: 3/15/2006
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CONVERSION	
Date Recorded:	503439 331-114;762-614;933-561

Ownership		Updated: 2/10/2012
JOHN W FISHER		CABLE WI

Billing Address:	Mailing Address:
JOHN W FISHER 45815 E CABLE LAKE RD CABLE WI 54821	JOHN W FISHER 45815 E CABLE LAKE RD CABLE WI 54821

Site Address * indicates Private Road	
45815 E CABLE LAKE RD	CABLE 54821

Property Assessment		Updated: 6/17/2020
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2021 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.000	73,500	288,400

2-Year Comparison			
Land:	2020	2021	Change
Improved:	73,500	73,500	0.0%
Total:	288,400	288,400	0.0%
	361,900	361,900	0.0%

Property History	
N/A	

2389-12573

1998-327214-4553

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **Existing** (327214)
SIGN –
SPECIAL – **X** (Town of Cable-2/18/2022)
CONDITIONAL –
BOA –

BAYFIELD COUNTY
PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0049** Issued To: **John / Jacob Fisher**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **6** Township **43** N. Range **7** W. Town of **Cable**

E 240' of W 738'

Gov't Lot **1** Lot Block Subdivision CSM#

Residential (1-Unit) Short-Term Rental
For: **Other:** [1-Story], **Existing Residence (68' x 43')** at a Height of 26'
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Must obtain a Tourist Room Housing License from the Bayfield County Health Dept. prior to renting. Maximum rental occupancy limited per sanitary system sizing of (5) bedrooms. Room Tax must be obtained through your Township.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

April 19, 2022

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)

MAR 25 2022

Bayfield Co.
Planning and Zoning Agency

Permit #:

Date:

Amount Paid:

Refund:

22-0062
4-22-2022
ATF # 75
Res Add # 75 JIG
3-25-22

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

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FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER								
Owner's Name:		JODY SANDSTROM		Mailing Address:		PT. RD. 45650 KRAFTS		City/State/Zip:		CABLE, WI 54821		Telephone:					
Address of Property:		45650 KRAFTS POINT RD		City/State/Zip:		CABLE, WI 54821						Cell Phone:					
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:					
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Karl Kastrosky		Agent Phone:		715-580-0157		Agent Mailing Address (include City/State/Zip):		14295 McNaught Rd Cable, WI 54821		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		158 8367 8370		Recorded Document: (Showing Ownership)		2013A 547527							
SW 1/4, _____ 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #		Subdivision:	
Section 04		Township 43		N, Range 7		W		Town of:		CABLE		Lot Size		Acreage		2.50	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 10,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Wood Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: CONVENTIONAL	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length: 60	Width: 24	Height: 16
Proposed Construction: (overall dimensions)	Length: 16	Width: 20	Height: 12

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (explain) SCREEN PORCH	(16 X 20)	320
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

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I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 10/8/2021

Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit 14295 McNaught Rd Cable, WI 54821

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements	
Setback from the Centerline of Platted Road	140	Feet	Setback from the Lake (ordinary high-water mark)	N/A	Feet
Setback from the Established Right-of-Way	107	Feet	Setback from the River, Stream, Creek	N/A	Feet
			Setback from the Bank or Bluff	N/A	Feet
Setback from the North Lot Line	107	Feet			
Setback from the South Lot Line	110	Feet	Setback from Wetland	N/A	Feet
Setback from the West Lot Line	250	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Setback from the East Lot Line	60	Feet	Elevation of Floodplain	_____	Feet
Setback to Septic Tank or Holding Tank	>15	Feet	Setback to Well	>10'	Feet
Setback to Drain Field	>30	Feet			
Setback to Privy (Portable, Composting)		Feet			
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.					
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.					

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 486302	# of bedrooms: 3	Sanitary Date: 10/25/05	
Permit Denied (Date):		Reason for Denial:			
Permit #: 22-0062		Permit Date: 4-22-2022			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:				Zoning District (R-8B) Lakes Classification (P/A)	
Date of Inspection: 3/25/22		Inspected by: [Signature]		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) - Any further expansion of Dwelling needs Land Use Permits - Permit 19-0383 for storage structure has expired					
Signature of Inspector: [Signature]				Date of Approval: 4/1/22	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	

JUDY SANDSTEAD

TAX ID. #8370

45650 WRAFTS PT. RD.

CADRE W. 54821

RECEIVED

MAR 25 2022

Bayfield Co.
Planning and Zoning Agency

195.27'

261.80'

229.06'

314.28

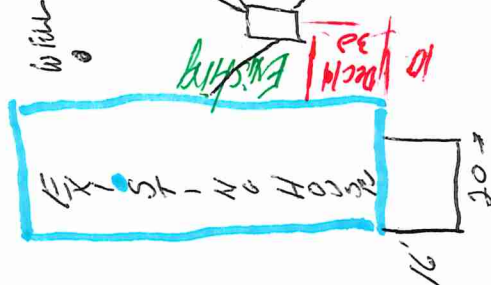


C/L
WRAFTS
PT RD.

60' approx.

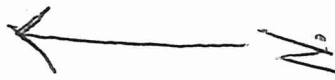
PROPOSED NEW
BUILDING

32' PERMITTED 2019
GARAGE
PERMITTED
2015

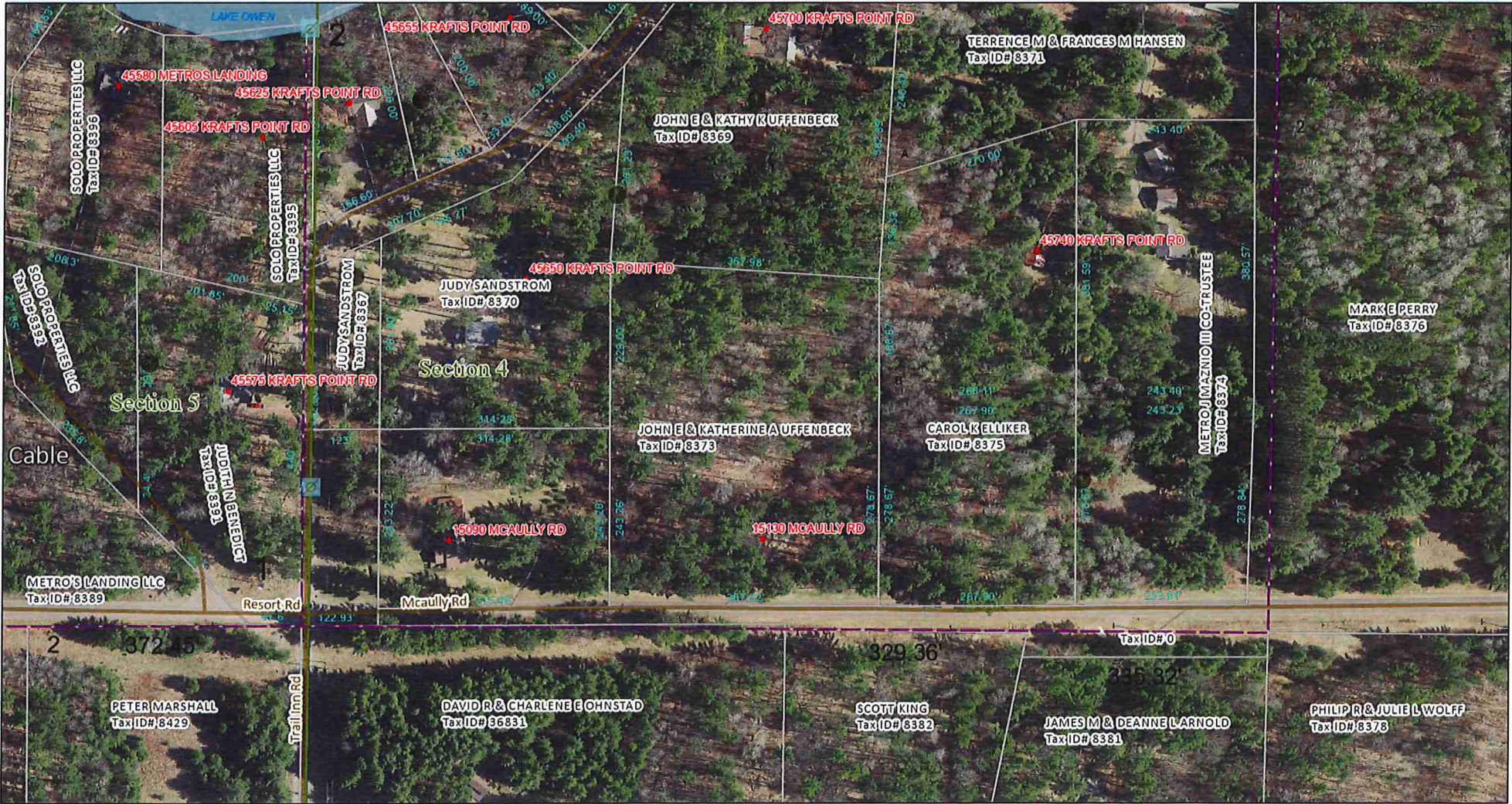


ST.

DEAN FIELD

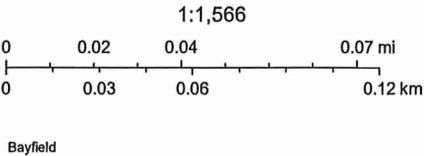


Bayfield County, WI



4/1/2022, 2:28:27 PM

- | | | | |
|---------------|-----------------------------|----------------|---------------------------------|
| Rivers | Approximate Parcel Boundary | All Roads | Recorded Map |
| Lakes | Section Lines | Town | Corner Tie Sheets |
| Tie Lines | Government Lot | Private | Section Corner Monument on File |
| Meander Lines | Municipal Boundary | Survey Maps | UnRecorded Map |
| | | UnRecorded Map | Buildings |
| | | | Driveways |





Kastrosky821 LLC

Karl Kastrosky

Land Development & Zoning Consultant

715-580-0157

14295 McNaught Rd, Cable WI 54821

Kastrosky821@gmail.com

Bayfield Co.
Planning and Zoning Agency

MAR 25 2022

RECEIVED

To Whom it may concern,

I hereby authorize **Karl Kastrosky** to act as my agent to procure permits and access information pertaining to my property at 45650 Krafts Pd Rd in the Town of Cable County of Bayfield.

Judy Sandstrom
Signature

3-18-22
Date

My contact information is:

Address: 45650 Krafts Point Rd Cable, WI 54821

Phone: 715-798-3827 715-892-0608

Email: _____

Real Estate Bayfield County Property Listing

Today's Date: 3/25/2022

Property Status: Current

Created On: 3/15/2006 1:15:04 PM

Description Updated: 1/18/2013

Tax ID: 8370
PIN: 04-012-2-43-07-04-2 05-002-50000
Legacy PIN: 012100710000
Map ID:
Municipality: (012) TOWN OF CABLE
STR: S04 T43N R07W
Description: PAR IN GOVT LOT 2 IN V.398 P.103 (LOT 2 CSM IN V.2 P.158) SUBJ TO EASE
Recorded Acres: 2.530
Calculated Acres: 2.535
Lottery Claims: 1
First Dollar: Yes
Zoning: (R-RB) Residential-Recreational Business
ESN: 108

Tax Districts Updated: 3/15/2006

1 STATE
04 COUNTY
012 TOWN OF CABLE
041491 SCHL-DRUMMOND
001700 TECHNICAL COLLEGE

Recorded Documents Updated: 3/15/2006

TERMINATION OF DECEDENT'S INTEREST
Date Recorded: 1/2/2013 2013R-547527 1098-541
EASEMENT
Date Recorded: 5/4/2007 2007R-513672 969-554
CONVERSION
Date Recorded: 398-103
WARRANTY DEED
Date Recorded: 6/25/1984 363995 398-103

Ownership Updated: 1/18/2013

JUDY SANDSTROM CABLE WI

Billing Address: **Mailing Address:**
JUDY SANDSTROM **JUDY SANDSTROM**
45650 KRAFTS POINT RD 45650 KRAFTS POINT RD
CABLE WI 54821 CABLE WI 54821

Site Address * indicates Private Road
45650 KRAFTS POINT RD CABLE 54821

Property Assessment Updated: 6/17/2020

2022 Assessment Detail	Acres	Land	Imp.
Code			
G1-RESIDENTIAL	2.530	16,100	174,600

2-Year Comparison	2021	2022	Change
Land:	16,100	16,100	0.0%
Improved:	174,600	174,600	0.0%
Total:	190,700	190,700	0.0%

Property History
N/A

686-3889

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X (After-the-Fact)**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **22-0062** Issued To: **Judy Sandstrom**

Location: $\frac{1}{4}$ of $\frac{1}{4}$ Section **4** Township **43** N. Range **7** W. Town of **Cable**

Par in

Gov't Lot **2** Lot Block Subdivision CSM#

(ATF) Residential

For: Add/Alt: **[1- Story]; Screen Porch (16' x 20') = 320 sq. ft.] Height of 12'**
Existing Residence (60' x 24') = 1,440 sq. ft. Height of 16'

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Any further expansions of dwelling needs land use permit prior to any start of construction.**
Meet and maintain setbacks as approved.

Permit #19-0383 (Storage Structure) has EXPIRED.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

April 22, 2022

Date